

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015497

STATE FILE NUMBER

2 3868

FILED MAY 6 1959

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri.		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3879a Alberta Ave.,		d. STREET ADDRESS (If outside, give location) 3879a Alberta Ave.,	
3. NAME OF DECEASED (Type or print) First Val Middle J. Last Obmann		4. DATE OF DEATH Month April Day 17 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 2, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales & Repairman		11. BIRTHPLACE (City and state or country) St. Louis, Missouri.	
13a. FATHER'S NAME Pete Obmann		14. NAME OF HUSBAND OR WIFE Hannah Obmann	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) No		16. SOCIAL SECURITY NO. 496-36-5202A	
17. INFORMANT Address Hannah Obmann, 3879a Alberta Avenue.,		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis and Hypertension Cardiovascular Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis and DUE TO (c) Hypertension		INTERVAL BETWEEN ONSET AND DEATH 3 months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Auricular fibrillation - pulmonary & hepatic congestion		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Jan 8, 1959 to April 17, 1959 and last saw him alive on April 17, 1959 Death occurred at 5:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Paul A. Bender M.D. (Degree or title)	
22b. ADDRESS 3207 South Grand		22c. DATE SIGNED 4-18-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-20-59	
23c. NAME OF CEMETERY OR CREMATORY Zion Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.	
24. FUNERAL DIRECTOR Bensiek-Niehans, 1431 Union Blvd.,		25. DATE RECD. BY LOCAL REG. APR 20 1959	
26. REGISTRAR'S SIGNATURE Paul Smith M.D.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Harvey Kahle

Licensed Embalmer No. 4596
P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.